

March 16, 2012

Chairwoman Ritter, Chairwoman Gerantano and Members of the Committee,

My name is Catherine Wilson, semi-retired from business management, and I reside in Moosup. I work as a part-time homemaker companion. I am here today, to ensure that public health care will be affordable and accessible, as the current system has failed me. I am in support of **S.B. 425: AN ACT ESTABLISHING A BASIC HEALTH PROGRAM.**

My experience with the Charter Oak Health Plan has been infuriating. I terminated my insurance based on the lack of care, the stress of negotiating administrative channels, and premium increases. The most frustrating issue is the lack of medical services and physicians in the local area.

In February 2010, I bought Charter Oak Health Plan when premiums were reasonably priced, \$179 monthly. By September 2011, my premiums rose to \$332, almost 100%. I would go through the proper channels to obtain the affiliated physician or testing center and would be denied coverage. I had to fight for medical coverage due a lapse in the billing system. It would take weeks to reinstate my eligibility and in the meantime, I would receive medical bills that created anxiety and stress. The last time a \$1 billing error was made, I corrected the situation by obtaining a certified check for \$1 and sending it overnight mail. I still ended up on the discontinued list. And to top it all off, after discontinuing my insurance the reimbursement check bounced. This was a hostile environment that I no longer wanted to be a part of and find I am better off.

Finding specialty medical services in the local area is nonexistent. I was referred to a specialist at Yale New Haven Clinic which is 75 miles away. This increases personal cost, gas for travel and time off work, neither of which I could afford. People like me, who have limited income and are underinsured, are forced to make these kinds of decisions.

My understanding of the Basic Health Program as a government unbiased administrator would be beneficial as there would not be a conflict of interest and there would be state savings and fair minded decisions on what is affordable.

This program would eliminate the differentiation of coverage that occurs from physicians and medical services for those on Charter Oak that pay premiums and those that are fully subsidized. It would maintain continuity of care by staying in the same system (keeping the same providers and medical services) rather than moving from the public to private health insurance industry.

I feel for others who have chronic health problems and do not know how to navigate the system to get their needs met. For now, I keep my fingers crossed until I am eligible for Medicare, a government administered program that works. Why not replicate it for the state?

Thank you.

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